

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)	10/069269	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3							53		
4		3					54		
5		3					55		
6		3					56		
7		3					57		
8		3					58		
9		3					59		
10		3					60		
11		3					61		
12	1						62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
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32							82		
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35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	10						TOTAL DEP.		
TOTAL CLAIMS	12						TOTAL CLAIMS		